

**Virgin Islands Bureau of Internal Revenue**

# W-2VI FORMS REQUEST

1. EMPLOYER'S NAME:	2. EMPLOYER IDENTIFICATION NO. : <div style="border: 1px solid black; width: 80px; height: 30px; margin: 5px auto;"></div>
3. ADDRESS:       TELEPHONE #: (_____)_____ - _____	4. NUMBER OF W-2 V.I. FORMS REQUESTED:       
5. NAME OF AUTHORIZED PERSON ( <i>Please Print</i> )	6. SIGNATURE
Under penalty of perjury, I declare that I am the employer or authorized agent thereof, and the information contained in this request for W-2VIs is accurate.	

**Purpose:** Complete and submit this form to the Virgin Islands Bureau of Internal Revenue to obtain blank forms W-2VIs. Form W-2V.I. is to be completed by the employer, or authorized agent of the employer, and provided to the employees by January 30, 2009.

## ***Instructions***

- Box 1. Print the name of the employer that will be issuing the W-2VIs. Include your d/b/a if applicable.  
Box 2. Print/type the Employer Identification Number of the Employer in Box 1.  
Box 3. Print/type the mailing address and telephone number of the Employer.  
Box 4. Indicate the number of W-2VI forms requested.  
Box 5. Print/type the name of the Authorized Person requesting the forms for the Employer.  
Box 6. Include the signature of the Authorized Person named in Box 5.